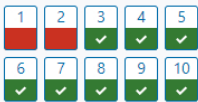


QUIZ NAVIGATION



Show one page at a time

Finish review

Started on	Saturday, 12 October 2024, 3:02 AM
State	Finished
Completed on	Saturday, 12 October 2024, 3:09 AM
Time taken	6 mins 22 secs
Grade	8.00 out of 10.00 (80%)

Question 1

ID: 50023

Incorrect

Flag question

Send Feedback

THE NEXT THREE QUESTIONS INCLUSIVE REFER TO THE FOLLOWING CASE:

CB is a 45-year old female diagnosed with acute agitation that has been caused by a suspected CNS stimulant intoxication.

Which of the following is the first step of management?

Select one:

☐ Use of non-pharmacological measures ✓

☒ Initiate clonazepam immediately ✗

Rose Wang (ID:113212) this answer is incorrect. Immediate clonazepam initiation is not the first step in managing acute agitation.

☐ Initiate high-dose propranolol to decrease aggression ✗

☐ Initiate lithium immediately ✗

Incorrect

Marks for this submission: 0.00/1.00.

TOPIC: Acute Agitation

LEARNING OBJECTIVE:

To understand the step-wise approach to the management of acute agitation.

BACKGROUND:

Non-pharmacological therapy is recommended as the first therapy to try. Non-pharmacological therapy focuses on verbal de-escalation by respecting their space, using simple language, speak in a calm environment, and make sure you assure the individual they are in a safe environment. Pharmacological therapy includes three main medication classes: benzodiazepines, first-generation antipsychotics and second-generation antipsychotics.

RATIONALE:**Correct Answer:**

- **Use of non-pharmacological measures** - After determining the cause of the agitation, the next step should be to use non-pharmacological measures.

Incorrect Answers:

- **Initiate clonazepam immediately** - Immediate clonazepam initiation is not the first step in managing acute agitation.
- **Initiate high-dose propranolol to decrease aggression** - Propranolol is not typically used in the management of acute agitation.
- **Initiate lithium immediately** - Lithium is not used in the management of acute agitation.

TAKEAWAY/KEY POINTS:

Non-pharmacological measures should be the first step in the management of acute agitation.

REFERENCE:

[1] Wilson MP, Pepper D, Currier GW, Holloman GH, Feifel D. The psychopharmacology of agitation: consensus statement of the American Association for Emergency Psychiatry Project Beta psychopharmacology workgroup. West J Emerg Med. 2012;13(1):26-34. doi:10.5811/westjem.2011.9.6866.

The correct answer is: Use of non-pharmacological measures

Question 2

ID: 50024

Incorrect

Flag question

Send Feedback

You have decided to initiate non-pharmacological measures. It appears that CB's agitation is not being well managed by non-pharmacological strategies. You then decide to initiate pharmacological therapy to reduce CB's aggression.

Which of the following is the most appropriate recommendation for CB?

Select one:

- ☒ Lorazepam PO ✓
- ☐ Haloperidol IM ✗
- ☐ Olanzapine IM ✗
- ☐ Cannabis ✗

Rose Wang (ID:113212) this answer is incorrect. Second-line antipsychotics are typically used in agitation in patients with a history of or current psychiatric symptoms.

Incorrect

Marks for this submission: 0.00/1.00.

TOPIC: Acute Agitation

LEARNING OBJECTIVE:

Identify the most appropriate therapy for acute agitation associated with CNS stimulant intoxication.

BACKGROUND:

Non-pharmacological therapy is the mainstay of therapy. It focuses on verbal de-escalation by respecting patients' space, using simple language, speaking in a calm environment, and assuring them that they are in a safe environment. Pharmacological treatment consists of benzodiazepines and antipsychotics.

Pharmacological Treatment of Acute Agitation

Benzodiazepines	Lorazepam, Midazolam	Preferred for agitation from CNS stimulant intoxication, alcohol withdrawal, and undifferentiated agitation (without symptoms/history of psychosis) or in violent patient
First-Generation Antipsychotics	Haloperidol, loxapine	Preferred for agitation with a known psychiatric disorder or CNS depressant intoxication, in violent patients or in undifferentiated agitation (with symptoms/history of psychosis)
Second Generation Antipsychotics	Olanzapine, risperidone, ziprasidone	Can be used for agitation with a known psychiatric disorder, in cooperative patients, in patients with undifferentiated agitation (with symptoms/history of psychosis), in patients who develop psychosis from amphetamine use. Olanzapine cannot be given with parenteral benzodiazepines. Second-generation antipsychotics have a more favourable side effect profile in acute agitation than first-generation antipsychotics.

RATIONALE:

Correct Answer:

- **Lorazepam PO** - Oral benzodiazepines are first line in CNS stimulant intoxication.

Incorrect Answers:

- **Haloperidol IM** - First-generation antipsychotics are typically used in cases of CNS depressant intoxication or in agitation in patients with a history of or current psychiatric symptoms.
- **Olanzapine IM** - Second-line antipsychotics are typically used in agitation in patients with a history of or current psychiatric symptoms.
- **Cannabis** - Cannabis is not a therapeutic alternative for acute agitation.

TAKEAWAY/KEY POINTS:

Oral benzodiazepines are first-line pharmacological therapy for agitation associated with CNS stimulant intoxication.

REFERENCE:

[1] Wilson MP, Pepper D, Currier GW, Holloman GH, Feifel D. The psychopharmacology of agitation: consensus statement of the American Association for Emergency Psychiatry Project Beta Psychopharmacology Workgroup. West J Emerg Med. 2012;13(1):26-34. doi:10.5811/westjem.2011.9.6866.

The correct answer is: Lorazepam PO

Question 3

ID: 50025

Correct

Flag question

Send Feedback

Which of the following parameters should be monitored when CB is on lorazepam?

Select one:

- ☒ Level of consciousness ✓
- ☐ Edema ✗
- ☐ Kidney function ✗
- ☐ Ototoxicity ✗

Rose Wang (ID:113212) this answer is correct. Sedation is a common side effect of lorazepam.

Correct

Marks for this submission: 1.00/1.00.

TOPIC: Acute Agitation

LEARNING OBJECTIVE:

Identify appropriate monitoring parameters associated with benzodiazepine use.

BACKGROUND:

Pharmacological therapy includes three main medication classes: benzodiazepines, first-generation antipsychotics, and second-generation antipsychotics. Benzodiazepines are indicated for agitation due to CNS stimulant intoxication. Adverse effects of benzodiazepines include sedation, respiratory depression, dizziness, ataxia, and slowed reaction times.

RATIONALE:

Correct Answer:

- **Level of consciousness** - Sedation is a common side effect of lorazepam.

Incorrect Answers:>

- **Edema** - Edema is not a side effect of lorazepam and therefore not a monitoring parameter.
- **Kidney function** - Lorazepam has not been known to impact kidney function.
- **Ototoxicity** - Lorazepam is not known to cause ototoxicity.

TAKEAWAY/KEY POINTS:

Oral benzodiazepines can cause sedation and a patient's level of consciousness should be monitored after administration.

REFERENCE:

[1] Wilson MP, Pepper D, Currier GW, Holloman GH, Feifel D. The psychopharmacology of agitation: consensus statement of the American Association for Emergency Psychiatry Project Beta Psychopharmacology Workgroup. West J Emerg Med. 2012;13(1):26-34. doi:10.5811/westjem.2011.9.6866.

The correct answer is: Level of consciousness

Question 4

ID: 50029

Correct

Flag question





Send Feedback

THE NEXT TWO QUESTIONS INCLUSIVE REFER TO THE FOLLOWING CASE:

JK is a 70 year old patient diagnosed with acute agitation. He is a non-smoker and does not drink alcohol. When questioned, JK appeared confused and disoriented and unable to answer basic questions about the time and place.

Which of the following is an appropriate recommendation for JK:

Select one:

- ☒ Lorazepam 1mg Q6-8H  *Rose Wang (ID:113212) this answer is correct. Benzodiazepines are the preferred agent in undifferentiated psychosis without a current or history of psychotic symptoms.*
- ☐ Loxapine 50 mg OD 
- ☐ Risperidone 0.5mg OD 
- ☐ Haloperidol 0.5 mg BID 

Correct

Marks for this submission: 1.00/1.00.

TOPIC: Acute agitation

LEARNING OBJECTIVE:

Identify clinically relevant drug interactions related to antipsychotic use.

BACKGROUND:

Haloperidol is a first-generation antipsychotic that is used in patients with existing/history of psychiatric symptoms, patients with CNS depressant intoxication or undifferentiated agitation. Side effects of haloperidol include QT prolongation, orthostatic hypotension, extra-pyramidal symptoms, hyperprolactinemia and hyperglycemia. Drugs that also prolong the QT interval should be avoided with concomitant haloperidol use.

RATIONALE:

Correct Answer:

- **Lorazepam 1mg Q6-8H** - Benzodiazepines are the preferred agent in undifferentiated psychosis without a current or history of psychotic symptoms.

Incorrect Answers:

Incorrect Answers:

- **Loxapine 50 mg OD** - As the patient does not have psychotic symptoms or a history of them, antipsychotics are inappropriate to use in undifferentiated agitation.
- **Risperidone 0.5mg OD** - As the patient does not have psychotic symptoms or a history of them, antipsychotics are inappropriate to use in undifferentiated agitation.
- **Haloperidol 0.5 mg BID** - As the patient does not have psychotic symptoms or a history of them, antipsychotics are inappropriate to use in undifferentiated agitation.

TAKEAWAY/KEY POINTS:

Antipsychotics can prolong the QT interval and medications that can compound this risk should be avoided if possible.

REFERENCE:

[1] Wilson MP, Pepper D, Currier GW, Holloman GH, Feifel D. The psychopharmacology of agitation: consensus statement of the american association for emergency psychiatry project Beta psychopharmacology workgroup. West J Emerg Med. 2012;13(1):26-34. doi:10.5811/westjem.2011.9.6866.

The correct answer is: Lorazepam 1mg Q6-8H

Question 5

ID: 11284

Correct

Flag question

Send Feedback

JK starts to hallucinate before the lorazepam is given so the doctor would like to initiate haloperidol 1 mg instead.

Which of the following medications should JK avoid throughout the course of his treatment?

Select one:

- ☐ Amoxicillin ✖
- ☐ Acetylsalicylic acid ✖
- ☒ Amitriptyline ✔
- ☐ Pantoprazole ✖

Rose Wang (ID:113212) this answer is correct. Tricyclic depressants, such as amitriptyline, prolong the QTc interval and thus should not be taken with haloperidol.

Correct

Marks for this submission: 1.00/1.00.

TOPIC: Acute Agitation

LEARNING OBJECTIVE:

Identify clinically relevant drug interactions related to antipsychotic use.

BACKGROUND:

Haloperidol is a first-generation antipsychotic that is used in patients with existing/history of psychiatric symptoms, patients with CNS depressant intoxication or undifferentiated agitation. Side effects of haloperidol include QT prolongation, orthostatic hypotension, extra-pyramidal symptoms, hyperprolactinemia and hyperglycemia. Drugs that also prolong the QT interval should be avoided with concomitant haloperidol use.

RATIONALE:

Correct Answer:

(Option #3): Tricyclic depressants, such as amitriptyline, prolong the QTc interval and thus should not be taken with haloperidol.

Incorrect Answers:

(Option #1): This has no interaction with haloperidol.

(Option #2): This has no interaction with haloperidol.

(Option #4): This has no interaction with haloperidol.

TAKEAWAY/KEY POINTS:

Antipsychotics can prolong the QT interval and medications that can compound this risk should be avoided if possible.

REFERENCE:

[1] Wilson MP, Pepper D, Currier GW, Holloman GH, Feifel D. The psychopharmacology of agitation: consensus statement of the american association for emergency psychiatry project Beta psychopharmacology workgroup. West J Emerg Med. 2012;13(1):26-34. doi:10.5811/westjem.2011.9.6866.

The correct answer is: Amitriptyline

Question 6

ID: 49978

Correct

Flag question

Send Feedback

Which of the following medications has a warning regarding concomitant administration with parenteral benzodiazepines due to reports of cardiac and respiratory issues, including death?

Select one:

- ☒ Olanzapine IM ✔

Rose Wang (ID:113212) this answer is correct. This medication can cause very serious cardiac and respiratory issues, and death and thus should NOT be co-administered with parenteral benzodiazepines.

- ☐ Ziprasidone PO ✖
- ☐ Risperidone ODT ✖
- ☐ Zuclopenthixol acetate IM ✖

Correct

Marks for this submission: 1.00/1.00.

TOPIC: Acute Agitation

LEARNING OBJECTIVE:

To recognize harmful drug interactions caused by concomitant use of certain medications.

BACKGROUND:

There is a manufacturer's warning regarding concomitant use of IM olanzapine and parenteral benzodiazepines. The combination can lead to cardiac and respiratory issues and death and should be avoided.

RATIONALE:

Correct Answer:

- **Olanzapine IM** - This medication can cause very serious cardiac and respiratory issues and death and thus should NOT be co-administered with parenteral benzodiazepines.

Incorrect Answers:

- **Ziprasidone PO** - This medication does NOT cause very serious cardiac and respiratory issues, including deaths when co-administered with parenteral benzodiazepines.
- **Zuclopenthixol acetate IM** - This medication does NOT cause very serious cardiac and respiratory issues, including deaths when co-administered with parenteral benzodiazepines.
- **Risperidone ODT** - This medication does NOT cause very serious cardiac and respiratory issues, including deaths when co-administered with parenteral benzodiazepines.

TAKEAWAY/KEY POINTS:

IM olanzapine may cause very serious cardiac and respiratory issues when co-administered with parenteral benzodiazepines.

REFERENCE:

[1] Wilson MP, Pepper D, Currier GW, Holloman GH, Feifel D. The psychopharmacology of agitation: consensus statement of the American Association for Emergency Psychiatry Project Beta psychopharmacology workgroup. West J Emerg Med. 2012;13(1):26-34. doi:10.5811/westjem.2011.9.6866. The correct answer is: Olanzapine IM

Question 7

ID: 49969

Correct

Flag question

Send Feedback

All of the following are medical or drug-related causes of acute agitation, **EXCEPT**:

Select one:

- ☐ Corticosteroids ✖
- ☐ Head trauma ✖
- ☒ Amoxicillin use for surgical prophylaxis ✔
- ☐ Amantadine ✖

Rose Wang (ID:113212) this answer is correct. This is not one of the medical or drug-related causes of acute agitation.

Correct

Marks for this submission: 1.00/1.00.

TOPIC: Acute Agitation

LEARNING OBJECTIVE:

To identify medical or drug-related causes of acute agitation.

BACKGROUND:

Acute agitation is defined as a "state of anxiety and restlessness that can be related to psychiatric or medical causes". Symptoms of acute agitation include:

- Anxiety
- Confusion
- Motor restlessness
- Tense posture

For the well-being and safety of patients and caregivers, agitated patients must be treated quickly,

effectively, and safely. Risk factors for the development of acute agitation include:

- Pre-existing psychiatric conditions
- Substance abuse
- Substance withdrawal
- Social stressors
- Grief

There are many medication-related causes of acute agitation. These include adverse effects of anticholinergics, opioid use/intoxication/withdrawal, benzodiazepine withdrawal, amphetamine abuse, corticosteroids, amantadine, histamine H-2 blockers, dopamine or dopamine agonists. Non-drug causes of acute agitation include:

Common Causes of Acute Agitation

Toxicologic	Neurologic	Medical	Psychiatric
<ul style="list-style-type: none">• Alcohol intoxication or withdrawal• Stimulant intoxication	<ul style="list-style-type: none">• Stroke• CNS infection• Seizure• Dementia• Intracranial lesion	<ul style="list-style-type: none">• Hyperthyroidism• Hypoglycemia• Hypoxia• Shock• AIDS• Hypothermia• Hyperthermia	<ul style="list-style-type: none">• Psychosis• Schizophrenia• Paranoid delusions• Personality disorder

Non-pharmacological therapy is the mainstay of therapy. If this doesn't work, drugs can be tried.

RATIONALE:

Correct Answer:

- **Amoxicillin use for surgical prophylaxis** - This is not one of the medical or drug-related causes of acute agitation.

Incorrect Answers:

- **Amantadine** - This is one of the medical or drug-related causes of acute agitation.
- **Head trauma** - This is one of the medical or drug-related causes of acute agitation.
- **Corticosteroids** - This is one of the medical or drug-related causes of acute agitation.

TAKEAWAY/KEY POINTS:

The medical and drug-related causes of acute agitation include adverse effects of anticholinergics, opioid intoxication or withdrawal, benzodiazepine withdrawal, amphetamine abuse, corticosteroids, amantadine, histamine H-2 blockers, dopamine or dopamine agonists, sodium imbalances, hypoglycemia and head trauma.

REFERENCE:

[1] Wilson MP, Pepper D, Currier GW, Holloman GH, Feifel D. The psychopharmacology of agitation: consensus statement of the American Association for Emergency Psychiatry Project Beta Psychopharmacology Workgroup. West J Emerg Med. 2012;13(1):26-34. doi:10.5811/westjem.2011.9.6866.

The correct answer is: Amoxicillin use for surgical prophylaxis

Question 8

ID: 50022

Correct

Flag question

Send Feedback

HG is a 30 year old female diagnosed with acute agitation from alcohol withdrawal. She is a non-smoker and likes to binge drink when she is stressed. She has no medical conditions or allergies. Currently, she is taking Alesse® (levonorgestrel and ethinyl estradiol) for contraception and presents with symptoms consistent with alcohol withdrawal.

Which of the following medications is most appropriate to initiate for HG?

Select one:

- ☐ Haloperidol ✗
- ☒ Diazepam ✓
- ☐ Ziprasidone ✗
- ☐ Lithium ✗

Rose Wang (ID:113212) this answer is correct. Benzodiazepines are the preferred agent in agitation with suspected alcohol or benzodiazepine withdrawal.

Correct

Marks for this submission: 1.00/1.00.

TOPIC: Acute Agitation

LEARNING OBJECTIVE:

To identify preferred agents for agitation associated with alcohol or benzodiazepine withdrawal.

BACKGROUND:

Non-pharmacological therapy is the first-line of treatment. When this fails, pharmacological therapy should be tried.

Pharmacological Treatment of Acute Agitation

Benzodiazepines	Lorazepam, Midazolam	Preferred for agitation from CNS stimulant intoxication, alcohol withdrawal, and undifferentiated agitation (without symptoms/history of psychosis) or in violent patient
First-Generation Antipsychotics	Haloperidol, loxapine	Preferred for agitation with a known psychiatric disorder or CNS depressant intoxication, in violent patients or in undifferentiated agitation (with symptoms/history of psychosis)
Second Generation Antipsychotics	Olanzapine, risperidone, ziprasidone	Can be used for agitation with a known psychiatric disorder, in cooperative patients, in patients with undifferentiated agitation (with symptoms/history of psychosis), in patients who develop psychosis from amphetamine use. Olanzapine cannot be given with parenteral benzodiazepines. Second-generation antipsychotics have a more favourable side effect profile in acute agitation than first-generation antipsychotics.

RATIONALE:

Correct Answer:

- **Diazepam** - Benzodiazepines are the preferred agent in agitation with suspected alcohol or benzodiazepine withdrawal.

Incorrect Answers:

- **Haloperidol** - Antipsychotics are not the preferred agent in agitation with suspected alcohol or benzodiazepine withdrawal.
- **Ziprasidone** - Antipsychotics are not the preferred agent in agitation with suspected alcohol or benzodiazepine withdrawal.
- **Lithium** - Lithium is not the preferred agent in agitation with suspected alcohol or benzodiazepine withdrawal.

TAKEAWAY/KEY POINTS:

Benzodiazepines are the preferred agent in agitation with suspected alcohol or benzodiazepine withdrawal.

REFERENCE:

[1] Wilson MP, Pepper D, Currier GW, Holloman GH, Feifel D. The psychopharmacology of agitation: consensus statement of the american association for emergency psychiatry project Beta psychopharmacology workgroup. West J Emerg Med. 2012;13(1):26-34. doi:10.5811/westjem.2011.9.6866.

The correct answer is: Diazepam

Question 9

ID: 50097

Correct

Flag question

Send Feedback

THE NEXT TWO QUESTIONS INCLUSIVE REFER TO THE FOLLOWING CASE:

SK is a 56 year-old-male experiencing anxiety, confusion, and restlessness. SK informs you that he uses crystal meth approximately 2 - 3 times weekly but is trying to stop and hasn't used it in 14 days. SK also informs you that recently his girlfriend of 5 years broke up with him and he has been finding it hard to focus on his job as a construction worker. SK also tells you that he used to exercise frequently at his local gym, but has been unable to lately due to his mood. SK's past medical history is significant for personality disorder, hypertension and dyslipidemia. SK's medications include:

- Valproic acid 500 mg BID
- Lorazepam 4 mg HS PRN
- Ramipril 5 mg BID
- Atorvastatin 40 mg daily

Which of the following is **NOT** a risk factor SK has for developing acute agitation?

Select one:

- ☒ Being unable to exercise ✓

Rose Wang (ID:113212) this answer is correct. Being unable to exercise is not a direct risk factor for the development of acute agitation.

- ☐ Having a personality disorder ✗
- ☐ Breaking up with his girlfriend ✗
- ☐ Stopping crystal meth ✗

Correct

Marks for this submission: 1.00/1.00.

TOPIC: Acute Agitation

LEARNING OBJECTIVE:

To recognize the risk factors for acute agitation.

BACKGROUND:

Acute agitation is defined as a "state of anxiety and restlessness that can be related to psychiatric or medical causes". Symptoms of acute agitation include:

- Anxiety
- Confusion
- Motor restlessness
- Tense posture

For the well-being and safety of patients and caregivers, patients must be treated quickly, effectively, and safely. Risk factors for the development of acute agitation include:

- Pre-existing psychiatric conditions
- Substance abuse
- Substance withdrawal
- Social stressors
- Grief

There are many medication-related causes of acute agitation. These include adverse effects of anticholinergics, opioid intoxication or withdrawal, benzodiazepine withdrawal, corticosteroids, amantadine, dopamine or dopamine agonists. Non-drug causes of acute agitation include:

Common Causes of Acute Agitation

Toxicologic	Neurologic	Medical	Psychiatric
<ul style="list-style-type: none">• Alcohol intoxication or withdrawal• Stimulant intoxication	<ul style="list-style-type: none">• Stroke• CNS infection• Seizure• Dementia• Intracranial lesion	<ul style="list-style-type: none">• Hyperthyroidism• Hypoglycemia• Hypoxia• Shock• AIDS• Hypothermia• Hyperthermia	<ul style="list-style-type: none">• Psychosis• Schizophrenia• Paranoid delusions• Personality disorder

RATIONALE:

Correct Answer:

- **Being unable to exercise** - Being unable to exercise is not a direct risk factor for the development of acute agitation.

Incorrect Answers:

- **Having a personality disorder** - An existing/history of a psychiatric condition is a risk factor for the development of acute agitation.
- **Breaking up with his girlfriend** - Social stressors, such as breaking up with a girlfriend, is a risk factor for the development of acute agitation.
- **Stopping crystal meth** - Substance withdrawal is a risk factor for the development of acute agitation.

TAKEAWAY/KEY POINTS:

Risk factors for the development of acute agitation include pre-existing/history of psychiatric conditions, substance abuse, substance withdrawal, social stressors, and grief.

REFERENCE:

[1] Wilson MP, Pepper D, Currier GW, Holloman GH, Feifel D. The psychopharmacology of agitation: consensus statement of the American Association for Emergency Psychiatry Project Beta Psychopharmacology Workgroup. West J Emerg Med. 2012;13(1):26-34. doi:10.5811/westjem.2011.9.6866.

The correct answer is: Being unable to exercise

Question 10

ID: 50099

Correct

Flag question

What is an appropriate treatment for SK's acute agitation?

Select one:

PO Lorazepam

- ☐ PO Lorazepam ✖
☐ IM Olanzapine ✖
☒ PO Risperidone ✔
☐ PO Haloperidol ✖

Rose Wang (ID:113212) this answer is correct. Second-generation antipsychotics are the preferred treatment for acute agitation in patients with a known psychiatric disorder.

Correct

Marks for this submission: 1.00/1.00.

TOPIC: Acute agitation

LEARNING OBJECTIVE:

To understand the treatment of acute agitation.

BACKGROUND:

Pharmacological therapy includes three main medication classes:

Pharmacological Treatment of Acute Agitation

Benzodiazepines	Lorazepam, Midazolam	Preferred for agitation from CNS stimulant intoxication, alcohol withdrawal, and undifferentiated agitation (without symptoms/history of psychosis) or in violent patient
First-Generation Antipsychotics	Haloperidol, loxapine	Preferred for agitation with a known psychiatric disorder or CNS depressant intoxication, in violent patients or in undifferentiated agitation (with symptoms/history of psychosis)
Second Generation Antipsychotics	Olanzapine, risperidone, ziprasidone	Can be used for agitation with a known psychiatric disorder, in cooperative patients, in patients with undifferentiated agitation (with symptoms/history of psychosis), in patients who develop psychosis from amphetamine use. Olanzapine cannot be given with parenteral benzodiazepines. Second-generation antipsychotics have a more favourable side effect profile in acute agitation than first-generation antipsychotics.

RATIONALE:

Correct Answer:

- **PO Risperidone** - Second-generation antipsychotics are the preferred treatment for acute agitation in patients with a known psychiatric disorder.

Incorrect Answers:

- **PO Lorazepam** - Benzodiazepines are not indicated in instances of CNS stimulant withdrawal.
- **IM Olanzapine** - An intramuscular option is not indicated as there is no indication that the patient is uncooperative.
- **PO Haloperidol** - First-generation antipsychotics have a worse side effect profile than second-generation antipsychotics and are thus are not preferentially chosen.

TAKEAWAY/KEY POINTS:

Second-generation antipsychotics are the preferred treatment for acute agitation in patients with a known psychiatric disorder based on their more favourable side-effect profile.

REFERENCE:

[1] Wilson MP, Pepper D, Currier GW, Holloman GH, Feifel D. The psychopharmacology of agitation: consensus statement of the american association for emergency psychiatry project Beta psychopharmacology workgroup. West J Emerg Med. 2012;13(1):26-34. doi:10.5811/westjem.2011.9.6866.

The correct answer is: PO Risperidone

[Finish review](#)